

<i>SERFF Tracking Number:</i>	<i>MCHX-125870756</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>40663</i>
<i>Company Tracking Number:</i>	<i>1662 AR</i>		
<i>TOI:</i>	<i>L07I Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07I.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>1662 Humana/Kanawha-Application for Memorial Fund</i>		
<i>Project Name/Number:</i>	<i>1662 Humana/Kanawha-Application for Memorial Fund Life Insurance/1662 Humana/Kanawha-Application for Memorial Fund Life Insurance</i>		

Filing at a Glance

Company: Kanawha Insurance Company	SERFF Tr Num: MCHX-125870756 State: ArkansasLH	
Product Name: 1662 Humana/Kanawha-Application for Memorial Fund		
TOI: L07I Individual Life - Whole	SERFF Status: Closed	State Tr Num: 40663
Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life	Co Tr Num: 1662 AR	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: SPI McHughConsulting	Disposition Date: 10/27/2008
	Date Submitted: 10/23/2008	Disposition Status: Approved
Implementation Date Requested: 11/23/2008		Implementation Date:
State Filing Description:		

General Information

Project Name: 1662 Humana/Kanawha-Application for Memorial Fund Life Insurance	Status of Filing in Domicile: Pending
Project Number: 1662 Humana/Kanawha-Application for Memorial Fund Life Insurance	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 10/27/2008	
State Status Changed: 10/27/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Kanawha Insurance Company	
NAIC #65110 FEIN #57-0380426	
Individual Life Insurance Application Filing	

SERFF Tracking Number: MCHX-125870756 *State:* Arkansas
Filing Company: Kanawha Insurance Company *State Tracking Number:* 40663
Company Tracking Number: 1662 AR
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: 1662 Humana/Kanawha-Application for Memorial Fund
Project Name/Number: 1662 Humana/Kanawha-Application for Memorial Fund Life Insurance/1662 Humana/Kanawha-Application for Memorial Fund Life Insurance

Application for Memorial Fund Life Insurance Form No. 1662 AR

McHugh Consulting Resources, Inc. has been requested to file the enclosed form on behalf of Kanawha Insurance Company. We have provided an authorization letter for your files.

We are submitting the above-captioned form for your review and approval. This Application is new and is not intended to replace any forms currently in use.

Application for Memorial Fund Life Insurance, form number 1662 AR, is intended for use with Whole Life Insurance Policy, form number 00800 1/88 and Graded Death Benefit Policy, form number 00020 3/90, previously approved by your Department.

This product will be marketed individually through agents, telesales, and the Internet. The issue ages are from 45 to 80.

All bracketed text is variable to the extent allowed by law. In no event will text be changed to impact compliance with your law.

The form is in final print, subject to minor variations in formatting, shading, and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you with a highlighted copy of any corrections it makes for your records.

This Application is being filed concurrently in the domicile state of South Carolina.

Attached are any transmittals, checklists, filing fees, etc. as required by your State.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned with any questions or concerns you may have regarding this filing.

SERFF Tracking Number: MCHX-125870756 State: Arkansas

Filing Company: Kanawha Insurance Company State Tracking Number: 40663

Company Tracking Number: 1662 AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 1662 Humana/Kanawha-Application for Memorial Fund

Project Name/Number: 1662 Humana/Kanawha-Application for Memorial Fund Life Insurance/1662 Humana/Kanawha-Application for Memorial Fund Life Insurance

Company and Contact

Filing Contact Information

(This filing was made by a third party - McHughConsulting)

Lauren Regnery, Compliance Assistant mcr@mchughconsulting.com
 McHugh Consulting Resources (215) 230-7960 [Phone]
 Doylestown, PA 18901 (215) 230-7961[FAX]

Filing Company Information

Kanawha Insurance Company CoCode: 65110 State of Domicile: South Carolina
 210 South White Street Group Code: Company Type:
 Lancaster, SC 29720 Group Name: State ID Number:
 (803) 283-5311 ext. [Phone] FEIN Number: 570380426

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Kanawha Insurance Company	\$20.00	10/23/2008	23423703

<i>SERFF Tracking Number:</i>	<i>MCHX-125870756</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Kanawha Insurance Company</i>	<i>State Tracking Number:</i>	<i>40663</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	10/27/2008	10/27/2008

<i>SERFF Tracking Number:</i>	<i>MCHX-125870756</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 10/27/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MCHX-125870756 State: Arkansas

Filing Company: Kanawha Insurance Company State Tracking Number: 40663

Company Tracking Number: 1662 AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 1662 Humana/Kanawha-Application for Memorial Fund

Project Name/Number: 1662 Humana/Kanawha-Application for Memorial Fund Life Insurance/1662 Humana/Kanawha-Application for Memorial Fund Life Insurance

Item Type	Item Name	Item Status	Public Access
Supporting Document	Authorization Letter		Yes
Supporting Document	10.23.08 Submission Letter		Yes
Supporting Document	Forms Listing		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application for Memorial Fund Life Insurance		Yes

SERFF Tracking Number: MCHX-125870756 State: Arkansas

Filing Company: Kanawha Insurance Company State Tracking Number: 40663

Company Tracking Number: 1662 AR

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: 1662 Humana/Kanawha-Application for Memorial Fund

Project Name/Number: 1662 Humana/Kanawha-Application for Memorial Fund Life Insurance/1662 Humana/Kanawha-Application for Memorial Fund Life Insurance

Form Schedule

Lead Form Number: 1662 AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	1662 AR	Application/ Enrollment Form	Application for Memorial Fund Life Insurance	Initial		63	1662 AR.PDF

Application for Memorial Fund Life Insurance

Kanawha Insurance Company

HUMANA
Guidance when you need it most

Proposed Insured (Please Print)	Proposed Insured (Print First Name, MI, Last Name)																												Suffix							
	J O H N																												C D O E							
	Date of Birth (MM/DD/YYYY)												Social Security Number												Age				Gender							
	1 0 / 2 2 / 1 9 5 0												1 2 3 - 4 5 - 6 7 8 9												6 0				<input checked="" type="radio"/> Male <input type="radio"/> Female							
	Address (Street or R.R.)																																			
	1 2 3 M A I N S T R E E T																																			
Owner (Complete if different from Proposed Insured)	Owner (Print First Name, MI, Last Name, if not Proposed Insured)																												Suffix							
	Social Security Number																																			
Payor (Complete if different from Proposed Insured)	Address (Street or R.R.)																																			
	City												State				ZIP Code				Home Telephone Number															
	L A N C A S T E R												S C				2 9 7 2 0				(1 2 3) 5 4 6 - 7 8 9 0															

Owner (Complete if different from Proposed Insured)	Owner (Print First Name, MI, Last Name, if not Proposed Insured)																												Suffix			
	Social Security Number																															
	Address (Street or R.R.)																															
Payor (Complete if different from Proposed Insured)	City												State				ZIP Code															

Payor (Complete if different from Proposed Insured)	Payor (Print First Name, MI, Last Name, if not Proposed Insured)																												Suffix			
	Social Security Number																															
	Address (Street or R.R.)																															
Primary Beneficiaries' Name, SSN and Percentage:	City												State				ZIP Code															

Primary Beneficiaries' Name, SSN and Percentage: _____																												Relationship: <input type="radio"/> Parent, Spouse, Child(ren)			
_____																												Relationship: <input type="radio"/> Other: _____			
Contingent Beneficiaries' Name, SSN and Percentage: _____																												Relationship: <input type="radio"/> Parent, Spouse, Child(ren)			
_____																												Relationship: <input type="radio"/> Other: _____			

Section A: If any question in this section is answered "Yes", the Proposed Insured is not eligible for any coverage.

	Proposed Insured
1. Have you ever been diagnosed or treated by a member of the medical profession as having a terminal illness, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) infection?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
2. Are you currently:	
(a) Receiving hospice or home health care?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) Bedridden, confined to a hospital, nursing home, or other facility, or has confinement been recommended by a member of the medical profession?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
3. Have you ever been diagnosed or treated by a member of the medical profession as having Alzheimer's disease or dementia?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
4. In the past 12 months have you been diagnosed or treated by a member of the medical profession for internal cancer?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No

Section B: If any question in this section is answered "Yes", the Proposed Insured is eligible for the Graded Death Benefit Product. If all questions in this section are answered "No", the Proposed Insured is eligible for the Immediate Death Benefit Product.

5. Have you been diagnosed or treated by a member of the medical profession as having:	
(a) Diabetes before age 30, or suffered complications from diabetes such as neuropathy, retinopathy, kidney or vascular problems.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) Emphysema, chronic obstructive pulmonary disease or a lung disorder requiring oxygen.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(c) Heart attack, coronary artery disease diagnosed before age 60.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(d) Heart valve disease requiring surgery.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(e) Stroke, aneurysm or cardiomyopathy.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(f) Kidney disease, liver disease or hepatitis C.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(g) Multiple sclerosis or Parkinson's disease.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
6. Within the past 5 years have you been hospitalized, diagnosed or treated by a member of the medical profession as having:	
(a) Cancer, leukemia, melanoma or any other malignancy (except basal cell skin cancer).....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) Mental or nervous disorder.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
7. Within the past 2 years, have you been treated or counseled by a member of the medical profession for alcoholism, alcohol abuse or any drug or substance abuse?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No

Section C:

8. (a) Do you have any other similar coverage in force or an Application for similar insurance pending with this or any other company?.....	<input type="radio"/> Yes <input checked="" type="radio"/> No
(b) Will the insurance herein applied for replace any existing insurance with this company or any other company?..... (If "Yes", list company, address, complete and submit replacement form.)	<input type="radio"/> Yes <input checked="" type="radio"/> No

BENEFIT SECTION

Benefit Amount \$ (sold in \$1,000 increments up to a maximum of \$25,000)

Plan Type ☐ Immediate Death **Payment Period** ☒ Whole Life
☒ Graded Death ☐ 10 pay Whole Life

Payment Method ☐ Bank Draft ☐ Credit Card ☒ Direct Bill/Check (Annual Billing Only)
(Complete Bank Draft or Credit Card Authorization. Annual fee of \$12.00 applies to credit card billing.)

Payment Mode ☒ Monthly ☐ Semi-annual ☐ Annual

Total Modal Premium \$. (MM/DD/YYYY)

Is Automatic Premium Loan to apply? ☐ Yes ☒ No

Requested Effective Date / /
(Optional)

AUTHORIZATION FOR AUTOMATIC PAYMENT BY BANK DRAFT

Attach Voided Check

Name of Depositor (Print First Name, MI, Last Name) (Attach Voided Check)

Route and Transit Number

Account Number

Bank Name and Address

Debit on the day of the month (1-28 only; 29, 30, 31 not available). **If no election is made, debits will be made on the day of Policy.**

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to make deductions automatically every payment period for payments of premiums from my: ☐ savings account ☐ checking account

1. Each debit shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of Policy.
2. This Authorization shall not become effective unless and until the coverage is issued.
3. This Authorization shall not be construed as modifying any provisions of the coverage.
4. Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the Policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.
5. This Authorization may be discontinued by Kanawha or by the Undersigned at any time within FIVE (5) business days prior to the debit date. Upon termination of this Authorization, the premiums on the Policy covered will be payable annually.
6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Depositor _____

Date (MM/DD/YYYY)

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CREDIT CARD INFORMATION

Card Holder Information

Credit Card Number

Expiration Date (MM/YY)

Card Type

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☐ Visa ☐ Mastercard

3 or 4-digit security code found on the back of most cards:

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Signature of Card Holder _____

Date (MM/DD/YYYY)

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Name as it appears on the credit card statement. (If different from Proposed Insured)

Card Holder (First Name, MI, Last Name)

Suffix

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All charges will be made on the day of Policy.

As a convenience to me, I request and authorize **KANAWHA INSURANCE COMPANY** to charge my credit card every payment period for payment of premiums.

1. Each charge shall constitute proper notice of premium due.
2. This Authorization shall not become effective unless and until the coverage is issued.
3. This Authorization shall not be construed as modifying any provisions of the coverage.
4. Kanawha shall not incur any liability if the credit card company does not honor the charge and the coverage shall lapse subject to nonforfeiture provisions.
5. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the Policy will be payable annually.
6. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature of Card Holder _____

Date (MM/DD/YYYY)

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AGREEMENTS

The statements and answers on this Application are true and complete to the best of my knowledge and belief.

It is agreed that:

- (a) This Application, and any amendments hereto, shall be the basis of any insurance granted.
- (b) No Insurance Producer has the authority to waive the answer to any question in this Application, to waive any of the Company's rights or requirements or to make or alter any contract; and
- (c) No insurance shall be considered in force unless and until a policy shall have been issued by the Company and said policy manually received and accepted by the Proposed Insured and the full first premium paid thereon, all during the lifetime of the Proposed Insured.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed At LANCASTER

S	C
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City State

JOHN C DOE
Signature of Proposed Insured

1	0
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 /

2	2
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 /

2	0	0	8
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Date (MM/DD/YYYY)

Signature of Owner

INSURANCE PRODUCER'S USE ONLY

Is this insurance being purchased to replace or change any existing insurance?..... ☐ Yes ☒ No
(If "Yes", complete replacement form.)

I certify any information recorded by me on this Application is true and accurate to the best of my knowledge and belief.

Date (MM/DD/YYYY)

Signature of Licensed Insurance Producer S/B LILLY KANAWHA

1	0
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 /

2	2
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2	0	0	8
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Insurance Producer Number	% Credit																																				
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Rate Information

Rate data does NOT apply to filing.

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Filing Company: Kanawha Insurance Company State Tracking Number: 40663
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Product Name: 1662 Humana/Kanawha-Application for Memorial Fund
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Supporting Document Schedules

Review Status:

Satisfied -Name: Authorization Letter 10/23/2008
Comments:
Attachment:
Authorization Letter.PDF

Review Status:

Satisfied -Name: 10.23.08 Submission Letter 10/23/2008
Comments:
Attachment:
10_23_08 Submission Letter.PDF

Review Status:

Satisfied -Name: Forms Listing 10/23/2008
Comments:
Attachment:
Forms Listing.PDF

Review Status:

Satisfied -Name: Certification/Notice 10/23/2008
Comments:
Attachments:
AR Readability Certification.PDF
Certificate of Compliance Rule 49.PDF
Certification of Compliance Rule 19.PDF

Review Status:

Satisfied -Name: Application 10/23/2008
Comments:
See Forms Tab



KANAWHA
INSURANCE COMPANY

January 14, 2008

McHugh Consulting Resources, Inc.
Attn: Ms. Ginny McHugh, President
350 S. Main Street, Suite 103
Doylestown, PA 18901

Re: NAIC 65110

Dear Ms. McHugh,

Please accept this letter as authorization from Kanawha Insurance Company to your firm, McHugh Consulting Resources, Inc., to file any or all policy forms as referenced on the attached form listing on Kanawha's behalf.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Dale Vaughan", written in a cursive style.

R. Dale Vaughan
Vice President, Segment Operations
803-283-5311

McHugh Consulting Resources, Inc.

October 23, 2008

SUBMITTED VIA SERFF

Julie Benafield Bowman
Insurance Commissioner
Arkansas Department of Insurance
Compliance - Life and Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Kanawha Insurance Company
NAIC #65110 FEIN #57-0380426

Individual Life Insurance Application Filing
Application for Memorial Fund Life Insurance Form No. 1662 AR

Dear Commissioner Bowman:

McHugh Consulting Resources, Inc. has been requested to file the enclosed form on behalf of Kanawha Insurance Company. We have provided an authorization letter for your files.

We are submitting the above-captioned form for your review and approval. This Application is new and is not intended to replace any forms currently in use.

Application for Memorial Fund Life Insurance, form number 1662 AR, is intended for use with Whole Life Insurance Policy, form number 00800 1/88 and Graded Death Benefit Policy, form number 00020 3/90, previously approved by your Department.

This product will be marketed individually through agents, telesales, and the Internet. The issue ages are from 45 to 80.

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The form is in final print, subject to minor variations in formatting, shading, and fonts. While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and approval. The Company will provide you with a highlighted copy of any corrections it makes for your records.

This Application is being filed concurrently in the domicile state of South Carolina.

Attached are any transmittals, checklists, filing fees, etc. as required by your State.

Thank you for your attention to this filing. Please do not hesitate to contact the undersigned with any questions or concerns you may have regarding this filing.

Sincerely,

A handwritten signature in cursive script that reads "Katherine Hansen".

Katherine S. Hansen
Consultant

Kanawha Insurance Company
Form Listing


Form Number	Product Name
1662 AR	Application for Memorial Fund Life Insurance

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Kanawha Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
1662 AR	63

Signed: 
Name: R. Dale Vaughan
Title: President
Date: 10-22-08

CERTIFICATE OF COMPLIANCE

Insurer: Kanawha Insurance Company

Form Numbers: 1662 AR

I hereby certify that the filing above meets all applicable Arkansas requirements including Regulation 49 (Life and Health Guaranty Fund Notice) and Ark. Code Ann. 23-79-138 and Bulletin 11-88 (Consumer Information Notice).



Signature of Company Officer

R. Dale Vaughan

Name

President

Title

10-22-08

Date

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: Kanawha Insurance Company

Form 1662 AR
Number(s):

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19 (Unfair Discrimination).



Signature of Company Officer

R. Dale Vaughan
Name

President
Title

10-22-08
Date